

**Label**

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

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For the year Jan. 1–Dec. 31, 2003, or other tax year beginning , 2003, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

**▲ Important! ▲**

You must enter your SSN(s) above.

You Spouse  
☐ Yes ☐ No ☐ Yes ☐ No

**Note.** Checking "Yes" will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

**Filing Status**

Check only one box.

- 1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶  
4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

**Exemptions**

If more than five dependents, see page 21.

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a . . . . .

b ☐ **Spouse** . . . . .

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes checked on 6a and 6b \_\_\_\_\_  
No. of children on 6c who:  
• lived with you \_\_\_\_\_  
• did not live with you due to divorce or separation (see page 21) \_\_\_\_\_  
Dependents on 6c not entered above \_\_\_\_\_  
Add numbers on lines above ▶  

d Total number of exemptions claimed . . . . .

**Income**

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  
8a **Taxable** interest. Attach Schedule B if required . . . . .  
b **Tax-exempt** interest. **Do not** include on line 8a . . . . . 8b  
9a Ordinary dividends. Attach Schedule B if required . . . . .  
b Qualified dividends (see page 23) . . . . . 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .  
11 Alimony received . . . . .  
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .  
13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐  
b If box on 13a is checked, enter post-May 5 capital gain distributions 13b  
14 Other gains or (losses). Attach Form 4797 . . . . .  
15a IRA distributions . . . 15a b Taxable amount (see page 25) 15b  
16a Pensions and annuities 16a b Taxable amount (see page 25) 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
18 Farm income or (loss). Attach Schedule F . . . . .  
19 Unemployment compensation . . . . .  
20a Social security benefits . . 20a b Taxable amount (see page 27) 20b  
21 Other income. List type and amount (see page 27) . . . . .  
22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

**Adjusted Gross Income**

- 23 Educator expenses (see page 29) . . . . . 23  
24 IRA deduction (see page 29) . . . . . 24  
25 Student loan interest deduction (see page 31) . . . . . 25  
26 Tuition and fees deduction (see page 32) . . . . . 26  
27 Moving expenses. Attach Form 3903 . . . . . 27  
28 One-half of self-employment tax. Attach Schedule SE . . . . . 28  
29 Self-employed health insurance deduction (see page 33) . . . . . 29  
30 Self-employed SEP, SIMPLE, and qualified plans . . . . . 30  
31 Penalty on early withdrawal of savings . . . . . 31  
32a Alimony paid b Recipient's SSN ▶ . . . . . 32a  
33 Add lines 23 through 32a . . . . . 33  
34 Subtract line 33 from line 22. This is your **adjusted gross income** . . . . . ▶ 34

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

• All others:  
Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <b>▶ 36a</b>		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here <b>▶ 36b</b> <input type="checkbox"/>		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	
38	Subtract line 37 from line 35	38	
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	
41	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	
42	Alternative minimum tax (see page 38). Attach Form 6251	42	
43	Add lines 41 and 42 <b>▶</b>	43	
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- <b>▶</b>	54	

**Other Taxes**

55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54 through 59. This is your total tax <b>▶</b>	60	

**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments <b>▶</b>	68	

**Refund**

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	
70a	Amount of line 69 you want refunded to you <b>▶</b>	70a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
71	Amount of line 69 you want applied to your 2004 estimated tax <b>▶</b>	71	

**Amount You Owe**

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 <b>▶</b>	72	
73	Estimated tax penalty (see page 58)	73	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name <b>▶</b>	Phone no. <b>▶</b> ( )	Personal identification number (PIN) <b>▶</b> <input type="text"/>
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**Sign Here**

Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <b>▶</b>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code <b>▶</b>	EIN	Phone no. ( )	